

MONTANA AIR QUALITY PERMIT APPLICATION FOR STATIONARY SOURCES

Montana Department of Environmental Quality

Air Resources Management Bureau

Permitting Section Supervisor

1520 E. Sixth Avenue

P.O. Box 200901

Helena, MT 59620-0901

Phone: (406) 444-3490

FAX (406) 444-1499

For State of Montana Use Only

Permit Application Number _____

Application Fee Paid with Application?

☐ Yes ☐ No Amount Paid _____

AREV Facility # _____ FP ID # _____

Four complete copies of the application, any associated fees, and the affidavit of publication of the attached public notice must be mailed to the above address. Instructions for filling out this form are contained in the Instructions and Suggested Format document available from the Department of Environmental Quality (Department). Some information requested in this application may not be applicable to all facilities. Please contact the Air Resources Management Bureau if you have any questions. Depending on the applicable air quality programs a final permit will be issued within 76 or 91 days of the Department's receipt of a complete application barring any appeals to the Board of Environmental Review (Board).



FACILITY NAME AND ADDRESS (As registered with the Montana Secretary of State)

Facility Name

Mailing Address

City

State

Zip

PERMIT TYPE

☐ Air Quality Preconstruction Permit

☐ New Facility

☐ Modification to Existing Permit

Permit Number

☐ Synthetic Minor (major source using federally enforceable permit conditions to avoid MACT, PSD, NSR, or Title V Operating Permit requirements)

A permit application fee and an affidavit of publication must be submitted to the Department at the above address (for air quality preconstruction permit applications only)

Affidavit of Publication of Public Notice

☐ Attached

☐ Forthcoming

Permit Application Fee

☐ Attached

☐ Forthcoming

☐ Air Quality Operating Permit

☐ Initial Air Quality Operating Permit - - New Construction

☐ Initial Air Quality Operating Permit - - Existing Source

☐ Renewal of Air Quality Operating Permit

☐ Modification of Air Quality Operating Permit

Name of DEQ Contact

If you have been dealing with Department of Environmental Quality personnel

The estimated time for the Department to process and act on a correctly completed application form is 60 days. The Department has 30 days to notify an applicant that their application is incomplete. The Department shall make a preliminary determination within 40 days after receiving a complete and filed application. A Department decision must be made within 60 days after receiving a complete application. The Department decision is not final unless 15 days have elapsed from the date of the Department decision and there is no request for a hearing before the Board of Environmental Review. (Different time frames apply if an Environmental Impact Statement is required or if the Major Facility Siting Act is applicable. Provisions also exist in rule for extending the time for issuing a department decision). Please refer to ARM 17.8.706(2), ARM 17.8.720 and 75-2-211 MCA.

§ 1.0 GENERAL FACILITY INFORMATION AND SITE DESCRIPTION

PHYSICAL LOCATION			
<i>Address (if different from mailing address)</i>			
<i>Mailing Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	
<i>Section (to nearest)</i>	<i>Township</i>	<i>Range</i>	<i>County</i>

Owner's Name _____ Telephone _____

Facility Manager' Name _____ Telephone _____

Contact Person _____ Telephone _____

General Nature of Business _____

Standard Industrial Classification Codes(s) _____

Standard Industrial Classification Description(s) _____

Total Property Area _____ Acres Current Number of Employees _____

Estimated Capital Expenditure for Proposed Project ^{1, 2} _____

Estimated Cost of Air Pollution Control Equipment ^{1, 2} _____

Number of Permanent New Employees as a Result of the Proposed Project ² _____

Permit numbers and permit type of any previous or existing air quality permits issued to this facility (*need not include air quality permit whose requirement have been superseded*). _____

Construction/Installation Schedule: ² _____

<i>Estimated Starting Date</i>	<i>Estimated Completion Date</i>
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Duration (temporary source): ² _____

<i>Estimated Starting Date</i>	<i>Estimated Completion Date</i>
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- § 1.1 Narrative Description of the Site and Facility
- § 1.2 Site Map
- § 1.3 Narrative Project Summary ²
- § 1.4 Project and Site Information Request. (Complete the questionnaire on pages 11 and 12 of the application) ²

¹ This information is optional and not required. You may supply an estimate, state a range, or decline to supply this information.

² Not required for operating permit applications.

§ 2.0 EMISSION UNIT LISTING

Attach a list of all existing and proposed emission units. For air quality operating permits only, note all insignificant emission units.

[illegible]

§ 3.0 EMISSIONS UNIT SPECIFIC AND PLANT-WIDE EMISSIONS SUMMARY

§ 3.1 Emissions Unit Specific Emission (*Reproduce as necessary*)

§ 3.1.1 Emissions Unit Identification

§ 3.1.2 Potential Emissions Summary³

Regulated Air Pollutant	Emission Rate(s) (Include any additional applicable units or averaging periods)			
	(Lb/Hour)	(Tons/Year)	(Alternate averaging periods)	
PM ₁₀				
SO ₂				
Pb				
NOx				
VOC				
CO				
Other (<i>specify</i>):				
Other (<i>specify</i>):				
Other (<i>specify</i>):				
Other (<i>specify</i>):				
Other (<i>specify</i>):				
Other (<i>specify</i>):				

³ Include emission rates in units consistent with any applicable standards or test methods. Attach calculations.

§ 3.2 Project-Wide Emission Summary ²

§ 3.2.1 **Estimated** Increase in **Actual** Emissions from all New or Altered Sources addressed by this application.

This information is used to establish the application fee required. Estimated actual emissions are to be calculated based on the proposed operating schedule and the projected average process rate.

Regulated Air Pollutants	Emission Rate (Ton/Year)
PM ₁₀	
SO ₂	
Pb	
Nox	
VOC	
CO	
Other (specify):	
Other (specify):	
Other (specify):	

§ 3.2.2 Total Increase in **Potential** Emissions from those New or Altered Sources addressed by this application.

This table should be a total from the emissions units identified in Section 3.1. Potential emissions are to be calculated based on production at maximum capacity for 8760 hours per year. Only controls which are proposed to be made federally enforceable may be used to limit the potential emissions.

Regulated Air Pollutants	Emission Rate (Ton/Year)
PM ₁₀	
SO ₂	
Pb	
Nox	
VOC	
CO	
Other (specify):	
Other (specify):	
Other (specify):	

² Not required for operating permit applications

§ 4.0 EMISSIONS UNIT/PROCESS INFORMATION

§ 4.1 Emissions Unit Identification _____

§ 4.2 Narrative Process Equipment/Process Description *(attach additional sheets as necessary)*

§ 4.3 Proposed Operational Limitations *(if any)* _____

§ 4.4 Emissions Unit Description

Sources Classification Code (SCC) _____

Source Description _____

(SCC Code and Description list available from the DEQ)

Title IV Affected Unit ☐ Yes ☐ No

Process Equipment Identification

Make _____

Model _____

Type _____

Size _____

Serial Number _____

Year of Manufacture _____

Year of Installation _____

Emitting Unit Location *[Note: UTM coordinates are available on any USGS map]*

Universal Transverse Mercator (UTM) Zone _____ Elevation (feet) _____

UTM Easting Coordinate *(nearest 0.01 km)* _____

UTM Northing Coordinate *(nearest 0.01 km)* _____

Stack and Exit Gas Information *(if applicable)*

Height (feet) _____ Diameter (feet) _____

Exit Gas Temperature ($^{\circ}$ F) _____ Exit Gas Flow Rate (ACFM) _____

Exit Gas Velocity (feet/second) _____ Exit Gas Moisture Content (%) _____

Stack Type *(check one)* ☐ Downward Exit ☐ Multiple Actual Stacks ☐ Fugitive Source *(No Stack)*

☐ Horizontal Exit ☐ Building Roof Vent ☐ Process Vent

☐ Vertical Exit ☐ Vertical Exit with Cap

Stack Lining *(check one)* ☐ Metal ☐ Refractory ☐ Other *(specify)* _____

Process Information *(Indicate Units)*

Type of Material Processed _____

Average Process Rate or Process Weight _____

Maximum Rated Design Capacity _____

Approximate Quantities Produced *(if source is temporary)* _____

Fuel/Combustion Information

Fuel Type _____ Heat Content (Btu rating) _____
Average Fuel Combustion Rate _____ Maximum Rated Design Capacity _____
Sulfur Content (%) _____ Ash Content (%) _____
Draft Type (check one) ☐ Forced ☐ Induced ☐ Natural ☐ Combination ☐ None
Draft Control (check one) ☐ Barometer ☐ Sliding Door ☐ Butterfly ☐ Guillotine
☐ Other (specify) _____
Draft Control Location ☐ Up Pass Breeching ☐ Five Connector
☐ Other (specify) _____

Percent Annual Thruput *(Percent of the applicant's work done in each time frame. The percentages entered for the four time frames must add up to 100%.)*

December - February _____ June - August _____
March - May _____ September - November _____

§ 5.0 EMISSIONS UNIT AIR POLLUTION CONTROL

§ 5.1 Process Unit Identification _____

§ 5.2 Pollution Control Equipment and Practices

§ 5.2.1 Primary and Secondary Pollution Control Equipment or Procedure Description _____

§ 5.2.2 Primary Air Pollution Control Equipment Identification *(if applicable)*

Make _____ Model _____
Type _____ Size _____
Serial Number _____ Year of Manufacture _____
Year of Installation _____ Estimated Control Efficiency _____
Estimated Cost of Pollution Control Equipment ² _____

§ 5.2.3 Secondary Air Pollution Control Equipment Identification *(if applicable)*

Make _____ Model _____
Type _____ Size _____
Serial Number _____ Year of Manufacture _____
Year of Installation _____ Estimated Control Efficiency _____
Estimated Cost of Pollution Control Equipment ² _____

² Not required for operating permit applications

§ 5.3 Continuous Emission Monitoring System #1 Identification *(if applicable)*

Type *(check one)* ☐ Opacity SO₂ ☐ NO_x ☐ O₂ ☐ CO ☐ CO₂ ☐ TRS
☐ Other *(specify)* _____

Make _____ Model _____

Serial Number _____

Automatic Calibration Valve: Zero _____ Span _____

§ 5.3 1 Continuous Emission Monitoring System #2 Identification *(if applicable)*

Type: *(check one)* ☐ Opacity SO₂ ☐ NO_x ☐ O₂ ☐ CO ☐ CO₂ ☐ TRS
☐ Other *(specify)* _____

Make _____ Model _____

Serial Number _____

Automatic Calibration Valve: Zero _____ Span _____

§ 5.3 2 Continuous Emission Monitoring System #3 Identification *(if applicable)*

Type *(check one)* ☐ Opacity SO₂ ☐ NO_x ☐ O₂ ☐ CO ☐ CO₂ ☐ TRS
☐ Other *(specify)* _____

Make _____ Model _____

Serial Number _____ Year of Manufacture _____

Automatic Calibration Valve Zero _____ Span _____

§ 5.4 ² Emissions Control Analysis

Provide a Best Available Control Technology (BACT) or Lowest Achievable Emission Rate (LAER) Analysis as applicable. Address each regulated air pollutant.

§ 5.5 Stack Height and Dispersion Technique Analysis

If applicable, supply an analysis demonstrating compliance with the requirements of the stack height and dispersion technique rules.

² Not required for operating permit applications

§ 6.0 REGULATORY PROGRAMS

Applicable Air Pollution Control Programs (*check all that apply*)

- ☐ Air Quality Preconstruction Permits
☐ Prevention of Significant Deterioration (PSD)
☐ Air Quality Operating Permits (Title V)
☐ Major Source (> 100 TPY)
☐ Non-Attainment Area
☐ Regulated Air Pollutant(s) _____ ☐ Located in, or ☐ Causing or contributing to
☐ New Source Performance Standards (NSPS) (*specify applicable subpart(s) and identify affected facilities*)

- ☐ NESHAPS (*specify*) _____
☐ Title III Hazardous Air Pollutants (HAPs) [>10 TPY of any single HAP or 25 TPY of a combination of all HAPs combined]
☐ Maximum Achievable Control Technology (MACT)
☐ Title IV (Acid Rain) Affected Source
☐ Other(s) (*specify*) _____

§ 7.0 APPLICABLE REQUIREMENTS

§ 7.1 Applicable Requirements (*if applicable*)

Attach a complete listing of all applicable requirements.

§ 7.2	Additional Requirements	Required	Submitted
§ 7.2.1 ²	Ambient Air Quality Impact Analysis	<input type="checkbox"/>	<input type="checkbox"/>
§ 7.2.2 ^{2,4}	Alternative Siting Analysis	<input type="checkbox"/>	<input type="checkbox"/>
§ 7.2.3 ⁵	Alternative Operating Scenario	<input type="checkbox"/>	<input type="checkbox"/>
§ 7.2.4 ⁶	Compliance Schedule/Plan	<input type="checkbox"/>	<input type="checkbox"/>
§ 7.2.4	Compliance Certification	<input type="checkbox"/>	<input type="checkbox"/>
§ 7.2.6 ⁷	Additional requirements for solid or hazardous waste incinerators or BIFS subject to 75-10-406 MCA.	<input type="checkbox"/>	<input type="checkbox"/>
§ 7.2.6 ⁸	Additional Requirements for Commercial Medical and Commercial Hazardous Waste Incinerators including BIFS Subject to 75-10-406 MCA.	<input type="checkbox"/>	<input type="checkbox"/>

² Not required for operating permit applications

⁴ Only required for air quality preconstruction permits for major stationary sources located in a nonattainment area or for major stationary sources located in an area designated as attainment or unclassified for a national ambient air quality standard (NAAQS) under 40 CFR 81.327 but would cause or contribute to a violation of a NAAQS in a nearby nonattainment area (i.e., for those sources required to obtain an air quality preconstruction permit and required to comply with the requirements of subchapters 17 and 18).

⁵ Not required for air quality preconstruction permit applications.

⁶ Only required for air quality operating permit applications for sources already operating.

⁷ Required only for preconstruction permit applications for Solid or Hazardous Waste Incinerators or BIFS Subject to 75-10-406 MCA.

⁸ Required only for preconstruction permit applications for Commercial Medical and Commercial Hazardous Waste Incinerators Including BIFS Subject to 75-10-406 MCA.

§ 8.0 INSTRUCTIONS ON PUBLIC NOTICE FOR AIR QUALITY PRECONSTRUCTION PERMIT

The applicant shall publish the following notification no earlier than 10 days prior to the date the applicants air quality preconstruction permit application will be submitted to the Department, and no later than 10 days following the date of submittal. The notice shall be published **once** in the legal notice section of a newspaper of general circulation in the area affected. Any fees associated with publication of this notice are the responsibility of the permit applicant. Questions regarding an appropriate newspaper should be addressed to the Department. An Affidavit of Publication of Public Notice must be submitted with the application or the air quality preconstruction permit application will be deemed incomplete. This notice is required by the air quality rules. **The notice to be published consists of the exact language, excluding the text in italics, within the box below.**

PUBLIC NOTICE	
Notice of Application for Air Quality Preconstruction Permit (pursuant to Sections 75-2-211, and 75-2-215 MCA, and the Air Quality Rules).	
_____	_____ <i>Name of applicant(s)</i>
_____ <i>has filed/will file</i>	_____ <i>date</i>
on or about _____ an application for a air quality	
preconstruction permit or an alternation to an existing air quality preconstruction permit from the Montana Department of Environmental Quality. Applicant(s) seeks approval of its application for:	
<i>(brief description of source for which permit is being applied, and the site location including</i> <i>1) a narrative description related to nearby towns, roads, landmarks, etc., and</i> <i>2) the legal description of section, township, range, and county)</i>	
Within 40 days of the receipt of a completed application, the Department will make a preliminary determination whether the permit should be issued, issued with conditions, or denied. <u>Any member of the public with questions or who wishes to receive notice of the preliminary determination, and the location where a copy of the application and the DEQ's analysis of it can be reviewed, or to submit comments on the preliminary determination, must contact the DEQ at Department of Environmental Quality, Air Resources Management Bureau, Air Permitting Section Supervisor at P.O. Box 200901, Helena, Montana 59620-0901, telephone (406) 444-3490.</u> Any comments on the preliminary determination must be submitted to the department within 15 days after the preliminary determination is issued.	

§ 9.0 CERTIFICATION OF ACCURACY AND COMPLETENESS

I hereby certify that, to the best of my knowledge, information and belief, formed after reasonable inquiry, the information provided in this permit application is true, accurate and complete.

(Name, title and signature of corporate officer, responsible official, authorized representative, or designated representative under Title IV 1990 FCAA.)

Name _____
(Print of Type)

Title _____ Telephone _____

Signature _____
(Original Signature Required) Date _____



Project and Site Informational Request
Department of Environmental Quality
Air Resources Management Bureau
P.O. Box 200901, Helena, MT 59620-0901
Telephone: (406) 444-3490 FAX: (406) 444-1499

Instructions: Please answer the questions listed below in reference to the current project proposed in the air quality permit application. Please attach additional pages if necessary. The Department will use the information to facilitate completion of an environmental analysis required under the Montana Environmental Policy Act (MEPA).

Facility Name: _____

1. Please summarize fish or wildlife habitat, animal or bird species, or any known migration or movement of animals at the project site.

2. Please describe any proposed discharges into surface water or onto the site; any changes in drainage patterns; any use of surface water and groundwater; and any potential impacts to wetlands.

3. Please summarize the soils and geology of the project site. Include a description of any disruption, displacement, erosion, compaction, moisture loss, or over-covering of soil that would reduce productivity or fertility at the site. The description should include the amount of land disturbed in acres. Please describe any destruction or modification of any unique geologic or physical feature.

4. Please summarize the plant species (including types of trees, shrubs, grasses, crops, and aquatic plants) at the site. The applicant should include a description of any known unique, rare, threatened, or endangered plant species at the site. In addition, please describe the land use at the project site.

5. Please summarize the aesthetic character of the project site and of the surrounding community or neighborhood. Include a description of recreational opportunities. Also include a description of noise levels created by the proposed project.

6. Please describe any unique, rare, threatened, or endangered animal species that are at or near the site.
7. Please describe any upgrading of utilities that may result from power demands from this project.
8. Please describe any known historical, archaeological, or paleontological sites at the project site.
9. Please summarize other industrial activities at or near the site, or any other permits that you hold which are, or may be, in effect at this site.
10. Please indicate the number of employees currently employed and the increase or decrease in the number of people employed at the site as a result of the proposed project.
11. Please describe any unique cultures in the area that may be affected by the proposed application.
12. Please summarize any access to recreational or wilderness activities near the project site.
13. Please describe any state, county, city, USFS, BLM, or tribal zoning or management plans and goals that might affect the site.
14. Please indicate who owns the land at the proposed project site.
15. Please indicate the approximate distance to the nearest home or structure not associated with the project site.